

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055388

FILED  
Aug 02, 2007  
Secretary of State

Entity Name: CARROLLWOOD MASSAGE THERAPY, LLC

**Current Principal Place of Business:**

12936 N DALE MABRY HWY  
TAMPA, FL 33618 US

**New Principal Place of Business:**

**Current Mailing Address:**

12936 N DALE MABRY HWY  
TAMPA, FL 33618 US

**New Mailing Address:**

FEI Number: 26-0589556      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WEST, ELIZABETH H  
15912 COUNTRYBROOK STREET  
TAMPA, FL 33624 US

**Name and Address of New Registered Agent:**

HEGGEDAL, JAMIESON A  
4830 CYPRESS TREE DR  
TAMPA, FL 33624 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JAMIESON HEGGEDAL

08/02/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WEST, ELIZABETH H  
Address: 15912 COUNTRYBROOK STREET  
City-St-Zip: TAMPA, FL 33624 US

Title: MGRM ( ) Delete  
Name: WEST, LENA K  
Address: 15912 COUNTRYBROOK STREET  
City-St-Zip: TAMPA, FL 33624 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HEGGEDAL, JAMIESON A  
Address: 4830 CYPRESS TREE DR  
City-St-Zip: TAMPA, FL 33624 US

Title: MGRM (X) Change ( ) Addition  
Name: HEGGEDAL, DIEDRE L  
Address: 4830 CYPRESS TREE DR  
City-St-Zip: TAMPA, FL 33624 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JAMIESON HEGGEDAL

MGR

08/02/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date